

HRSA State Planning Grant: Summary of Policy Options NOT BEING PURSUED

APPROACH <u>NOT</u> BEING PURSUED	DESCRIPTION	TARGET POPULATION	STATE/FEDERAL INTERVENTION & FINANCING	STEERING COMMITTEE'S REASONS FOR <u>NOT</u> PURSUING OPTION
EXPAND MASSHEALTH TO CHILDREN ABOVE 200% FPL	Increase the income cap for eligibility	Uninsured children between 200% to [250%, 300%, 350%, etc.] FPL	Requires additional state funding and would receive FFP.	Goes against several Steering Committee principles; Children above 200% have access to CMSP
LIMITED BENEFIT INSURANCE: PRIMARY CARE	Permit insurers to sell "bare-bones" policies for primary care services	Lower income individuals and families with specific primary care needs	May increase burden on the Uncompensated Care Pool	This isn't really insurance (catastrophic events aren't covered) and it may increase burden on the pool since some people already with complete coverage might switch to this type of "coverage".
TAX INCENTIVES: EMPLOYERS	Allow tax credits for employers offering health insurance	Lower income working uninsured	Could cost the state a lot in lost revenues	Employers already have a tax incentive to offer health insurance and small employers have Insurance Partnership incentives. This additional incentive not likely to have much of an effect.
INDIVIDUAL MANDATE	Require that everyone acquire health insurance	Everyone in state	Cost to the state if subsidies warranted	Difficult to enforce
EMPLOYER MANDATE	Require all employers to offer coverage and pay a minimum proportion of the premium or pay a tax approximately equal to employer's portion of premium	Working uninsured	Cost to the state if subsidies warranted	Not politically feasible and possibly damaging to employers who can't afford to offer insurance (if no subsidy is made available)
UNSUBSIDIZED SMALL EMPLOYER HEALTH INSURANCE PURCHASING COOPERATIVE	Create a health insurance purchasing cooperative for small employers	Uninsured and insured adults working for employers with 50 or fewer employees	Would incur start-up costs, however employers would contribute participation fee	No evidence that these save money. Already have made strides in small group market. Only employers with high risk stay in these pools, thus increasing cost.
STATE LEVEL "SINGLE PAYER"	Guarantee to residents of publicly funded health insurance	All residents of the Commonwealth	Requires substantial increase in state funds, possibly offset by taxes on employers, tobacco, etc.	Considered unfeasible; Not within the scope of the effort requested by HRSA. In addition, another study is being commissioned through chapter 151 to study this.